

Registry of Motor Vehicles

Title Division P.O. Box 55889 Boston, MA 02205-5889

Application for Withdrawal of Title For New Vehicle

Owner's Name	(As it appears on the r	egistration)		
VIN#	Plate#			
Model Year		Make		
Reason for Withd	rawal:			
We further state th	at the vehicle wa	eby agree to cancel the sale of is new, the purchaser/lessee n cle never left the dealer's lot.		
We affirm that all s	tatements hereir	are true to the best of our kno	owledge and belief.	
Note: False statem	nents are punisha	able by fine, imprisonment, or	both.	
Purchaser's/Lesse	e's Signature	Printed Name	Date	
Dealer's Authorized	d Signature	Dealer's Name	Date	
		stration for this vehicle, you copy of the plate return rece		
_	s a lien on this	vehicle, you must submit an		
Very Important:	nportant: Withdrawal requests made ten (10) days after date of application are not guaranteed. Once the Certificate of Title			

has been issued, a withdrawal cannot be processed.